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|---|------------|---|--------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>05432/0001004-USO |                    |
| Application Number      09/730,380-Conf. #7399  |            | Filed      December 5, 2000                   |                    |
| For    PHARMACEUTICAL COMPOSITION CONTAINING CITALOPRAM   |            |   |                    |
| Art Unit      1625  |            | Examiner      C. Aulakh                       |                    |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |   |                    |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                       |                    |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$ _____           |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225   | \$ _____           |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510   | \$ <u>1,020.00</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795   | \$ _____           |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080  | \$ _____           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |                    |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |            |   |                    |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |                    |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |                    |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet.                     |            |   |                    |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |                    |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |                    |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>41,151</u>  |            |   |                    |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |   |                    |
| <br>Signature  |            | <u>November 22, 2006</u><br>Date              |                    |
| <u>Jay P. Lessler</u><br>Typed or printed name  |            | <u>(212) 527-7765</u><br>Telephone Number     |                    |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |                    |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |   |                    |